OCHYCC Mentorship Program
Mentee Application

Please complete this application in its entirety and return to OCYOUTHCHAMBER@GMAIL.COM with subject line "MENTORSHIP APPLICATION."

Personal Information

Last Name: _____ First Name: _____

Phone Number: (_____) _____ - _____

Home Address: _____

Email: _____

Date of Birth: _____ / _____ / _____

Educational Information

Highest level of education completed: _____

Current School: _____

Major(s): _____ Minor(s): _____

Expected Graduation Date: _____

Additional Information

Area(s) of Interest: _____

_____

Extracurricular Activities:_____

_____

Goals

Personal: _____

_____

Academic:_____

_____

Professional:_____

_____

Additional Information

(please state any additional information you would like us to know about yourself here):

_____

_____

_____

For questions regarding the application process, please contact

ocyouthchamber@gmail.com